A. CHIP Client Survey Question by Question Percentages

Indicate the percentage that did not answer the question and then the percentage of each answer based on only those that answered. The highest percentage for each question is highlighted in blue. There were 432 surveys completed.

*Note: Percentages are not totaled due to the way they are calculated as noted in the report.

Question #	Survey Question	Number	Percent*
1	Our records show that your child is now insured by CHIP. Is that		
	right?		
	Yes	428	99%
	No	4	1%
	Missing	4	1%
	Total	436	*
2	With the choices CHIP gave you, how much of a problem, if any, was		
	it to get a personal provider for your child that you are happy with?		
	A big problem	3	1%
	A small problem	15	3%
	Not a problem	326	76%
	Did not get a new personal provider	87	20%
	Missing	1	<1%
	Total	432	*
3	Has there been a time when you felt your child received fewer services		
	than other patients?		
	Yes	17	4%
	No.	397	92%
	Don't Know	17	4%
	Missing	1	<1%
	Total	432	*
4	Use any number from 0 to 10 where 0 is the worst provider possible,	.52	
•	and 10 is the best provider possible. How would you rate your child's		
	provider now?		
	0 Worst personal provider possible	0	0%
	1	0	0%
	2	1	<1%
	3	0	0%
	4	4	1%
	5	12	3%
	6	16	4%
	7	39	9%
	8	79	19%
	9	74	17%
		175	
	10 Best Personal Provider Possible		41%
	11 My child doesn't have a personal provider	24 8	6% 2%
	Missing		2%0 *
5	Total In the lost 6 months, did you make any approintments with a dector or	432	
3	In the last 6 months, did you make any appointments with a doctor or		
	other health care provider for regular or routine health care for your		
	child?	260	(10/
	Yes	260	61%
	No D. V. K.	164	38%
	Don't Know	3	1%
	Missing	5	1%
	Total	432	*

6	In the last 6 months, how often did you get an appointment for your		
	child for regular or routine health care as soon as you wanted?	2	10/
	Never Sometimes	2	1%
		20	8%
	Usually	70	27%
	Always	159	61%
	My child did not need an appointment for regular or routine care	6	2%
	Missing Total	3 260	1% *
7	In the last 6 months, how many days did you usually have to wait	200	•
,	between making an appointment for your child for regular or routine		
	care and actually seeing a provider?		
	Same day	70	28%
	1 day	43	17%
	2-3 days	51	20%
	4-7 days	42	17%
	8-14 days	23	9%
	15-30 days	14	6%
	31 days or longer	4	2%
	My child did not need an appointment for regular or routine care	4	2%
	Missing	9	4%
	Total	260	470 *
8	In the last 6 months, did your child have an illness or injury that	200	
	needed care right away from a provider's office, clinic, or emergency		
	room?		
	Yes	198	46%
	No	227	53%
	Don't know	2	1%
	Missing	5	1%
	Total	432	*
9	In the last 6 months, when your child needed care right away for an		
	illness or injury, how often did he or she get care as soon as you		
	wanted?		
	Never	0	0%
	Sometimes	5	3%
	Usually	27	14%
	Always	161	83%
	My child did not need care right away for an illness or injury	0	0%
	Missing	5	3%
	Total	198	*
10	In the last 6 months, how long did you usually have to wait between		
- 0	4		
	trying to get care for your child and actually seeing a provider for an		
	illness or injury?		
		143	75%
	illness or injury?	143 25	75% 13%
	illness or injury? Same day		
	illness or injury? Same day 1 day	25	13%
	illness or injury? Same day 1 day 2 days	25 8	13% 4%
	illness or injury? Same day 1 day 2 days 3 days	25 8 3	13% 4% 2%
	illness or injury? Same day 1 day 2 days 3 days 4-7 days	25 8 3 7	13% 4% 2% 4%
	illness or injury? Same day 1 day 2 days 3 days 4-7 days 8-14 days 15 days or longer	25 8 3 7 0	13% 4% 2% 4% 0%
	illness or injury? Same day 1 day 2 days 3 days 4-7 days 8-14 days	25 8 3 7 0 0	13% 4% 2% 4% 0% 0%

11	In the last 6 months, how many times did you go to an emergency		
	room to get car for your child? (NOTE: the choice was None or fill in		
	the blank)		
	None	370	86%
	Entered a number	59	14%
	Missing	3	1%
	Total	432	*
	Number of Times to the Emergency Room		
	1	45	76%
	2	10	17%
	3-4	3	5%
	More than 5	1	2%
	Total	59	*
12	In the last 6 months, did you call a provider's office or clinic during		
	regular office hours to get help or advice for your child?		
	Yes	223	52%
	No	205	48%
	Don't know	1	<1%
	Missing	3	1%
	Total	432	*
13	In the last 6 months, when you called during regular office hours, how	.52	
15	often did you get the help or advice your child needed?		
	Never	0	0%
	Sometimes	8	4%
	Usually	37	17%
	Always	175	79%
	I did not call for help or advice during regular office hours	1	<1%
	Missing	2	1%
	Total	223	*
14	In the last 6 months (not counting times your child went to an	223	
17	emergency room), how many times did your child go to a provider's		
	office or clinic to get care?		
	None	90	21%
	1	109	26%
		99	23%
	2		
	3	65	15%
	4 5 0	29	7%
	5-9	27	6%
	10 or more	8	2%
	Missing	5	1%
1.5	Total	432	*
15	In the last 6 months, once your child arrived at his or her provider's		
	office or clinic, how long did your child have to wait before seeing the		
	person your child went to see?	100	5.50/
	15 minutes or less	182	55%
	16 to 30 minutes	128	38%
	31 to 60 minutes	21	6%
	More than an hour	2	1%
	Missing	4	1%
	Total	337	*

16	In the last 6 months, how often were office staff at your child's		
	provider's office or clinic as helpful as you thought they should be?		
	Never	1	<1%
	Sometimes	13	4%
	Usually	90	27%
	Always	231	69%
	My child had no visits	0	0%
		2	
	Missing	_	1%
1.7	Total	337	*
17	Is your child old enough to talk with providers about his or her health care?		
	Yes	289	67%
	No.	137	32%
	- 17		1%
	Don't know	5	
	Missing	1	<1%
	Total	432	*
18	In the last 6 months, how often did doctors or other health care		
	providers explain things in a way your child could understand?		
	Never	8	3%
	Sometimes	16	6%
	Usually	58	21%
	Always	151	55%
	My child had no visits	42	15%
	Missing	14	5%
	Total	289	*
19	If your child's personal provider couldn't see him or her, did the		
	provider's office help you find another place to take your child?		
	Yes	176	44%
	No	87	22%
	Don't know	134	34%
		35	8%
	Missing Total	432	870 *
20	If yes, where did they refer your child? (NOTE: respondents were	432	
20	asked to mark one or more, so totals may not equal 176)		
	· · · · · · · · · · · · · · · · · · ·	125	010/
	Another doctor or nurse	135	81%
	Public Health Clinic/Community Health Center	11	7%
	Emergency room at the hospital	10	6%
	Other	10	6%
21	Is your child 2 years old or younger?		
	Yes	90	21%
	No	329	79%
	Don't know	0	0%
	Missing	13	3%
	Total	432	3 / 0 *
22		432	•
22	After your child was born, did you get any reminders to bring him or		
	her in for a check up to see how he or she was doing or for shots?		(20)
	Yes	55	62%
	No	30	34%
	Don't know	4	4%
	Missing	1	1%
	Total	90	*
23	Since your child was born, has he or she gone to a provider for a check		
-	up to see how he or she was doing or for shots?		
	Yes	81	93%
		_	
	No Do All	4	5%
	Don't know	2	2%
	Missing	3	3%
	Total	90	*
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24	Did you get an appointment for your child's first visit to a provider for		
	a check up or shots as soon as you wanted?		
	Yes	77	96%
	No	2	3%
	Don't know	1	1%
	Missing	1	1%
	Total	81	*
25	How many days did you have to wait between making an appointment	01	
23			
	for your child for a check up or for shots and actually seeing the		
	provider?	1.2	1.70/
	Within 24 hours	13	17%
	2-10 days	50	66%
	11-21 days	8	11%
	22-45 days	1	1%
	More than 45 days	3	4%
	Missing	2	3%
	Total	77	*
26	In the last 6 months, did your child have any visits for preventive care		
	(such as shots or Well Child Check Ups)?		
	Yes	139	32%
	No	283	66%
	Don't know	6	1%
		-	
	Missing	4	1%
	Total	432	*
27	If No, why not? (NOTE: respondents were asked to mark one or more,		
	so totals may not equal 283).		
	My child did not need preventive care	253	92%
	I was unable to schedule preventive care with child's provider	3	1%
	I did not have any way to take my child to an appointment	1	<1%
	I did not have time to take my child to an appointment	2	1%
	Other	15	5%
28	In the last 6 months, did your child get care from a dentist's office or		
	dental clinic?		
	Yes	218	51%
	No	210	49%
	Don't know	1	<1%
		3	1%
	Missing		170
20	Total	432	•
29	In the last 6 months, how many times did your child go to a dentist's		
	office or dental clinic?		22/
	None	0	0%
	1	120	55%
	2	64	30%
	3	26	12%
	4	4	2%
	5 to 9	2	1%
	10 or more	0	0%
1	Missing	2	1%
	Total	218	1 /0 *
	10101	210	

30	Use any number from 0 to 10 where 0 is the worst dental care possible, and 10 is the best dental care possible. How would you rate your		
	child's dental care?		
	0 Worst dental care possible	1	<1%
	1	0	0%
	2	2	1%
	3	2	1%
	4	1	<1%
	5	10	5%
	6	7	3%
	7	19	9%
	8	32	15%
	9	37	
			18%
	10 Best dental care possible	100	47%
	Missing	7	3%
	Total	218	*
31	How many months or years in a row has your child been enrolled in CHIP?		
	Less than 6 months	11	3%
	6 to 12 months	104	24%
	12 to 24 months	149	35%
	Longer than 24 months	166	39%
	Missing	2	<1%
	Total	432	*
32	How well do you feel you understand CHIP? Use any number from 0 to 10 where 0 is not at all, and 10 is completely.	2	
	0 I do not understand at all	1	<1%
	1	0	0%
	$\frac{1}{2}$	0	0%
	3	2	<1%
	4	3	1%
	5	27	6%
	6	20	5%
	7	76	18%
	8	92	21%
	9	88	21%
	10 I understand completely	122	28%
	Missing	1	<1%
	Total	432	*
33	Have you or your child used BCBS/BlueCHIP Customer Service?	132	
33	Yes	206	48%
	No	210	49%
	Don't know	15	3%
	Missing	1	<1%
	Total	432	*
33b	How useful did you find it?		
	Very Useful	159	78%
	Somewhat useful	43	21%
	Not Useful	2	1%
	We did not use customer service	1	<1%
	Missing	1	<1%
	Total	206	*
34	Have you or your child used the BlueCHIP Enrollee Handbook?		1
<i>5</i> ¬	Yes	346	80%
	No		16%
		68	
	Don't know	17	4%
	Missing	1	<1%
	Total	432	*
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34b	How useful did you find it?		
5 10	Very Useful	233	68%
	Somewhat useful	109	32%
	Not Useful	1	<1%
	We did not use enrollee handbook	1	<1%
		2	1%
	Missing Total	346	1 70 *
35	Have your or your child used the "Dental Care and Eyeglasses for	340	•
33	Children in CHIP" booklet?		
	Yes Yes	254	59%
	No	162	38%
	Don't know		38% 3%
		13	
	Missing	3	1% *
2.51	Total	432	*
35b	How useful did you find it?	101	50 0 (
	Very Useful	181	72%
	Somewhat useful	67	27%
	Not Useful	2	1%
	We did not use the booklet	2	1%
	Missing	2	1%
	Total	254	*
36	How far do you travel ONE DIRECTION to see your child's primary		
	provider?		
	0 to 30 miles	345	81%
	31 to 60 miles	53	12%
	61 to 90 miles	20	5%
	91 to 150 miles	6	1%
	150 miles or more	3	1%
	Missing	5	1%
	Total	432	*
37	Use any number from 0 to 10 where 0 is the least satisfied possible,		
	and 10 is the most satisfied possible. How satisfied are you with the		
	CHIP Program?		
	0 Completely unsatisfied	2	<1%
	1	0	0%
	2	0	0%
	3	0	0%
	4	ĺ	<1%
	5	5	1%
	6	4	1%
	7	20	5%
	8	36	8%
	9	75	17%
	10 Completely satisfied	287	67%
	Missing	287	<1%
	Total	432	~1 70 *
38	In general, how would you rate your child's overall health now?	432	•
30		222	520/
	Excellent	222	52%
	Very good	149	35%
	Good	54	13%
	Fair	5	1%
	Poor	0	0%
	Missing	2	<1%
	Total	432	*

39	What is your child's ethnicity?		
	Hispanic or Latino	15	4%
	Not Hispanic or Latino	402	96%
	Missing	15	3%
	Total	432	*
	Total	432	
	What is your child's race (NOTE: the respondents were asked to mark		
	one or more so the percentages when added might be greater than		
	total listed above.)		
	White	400	91%
	Black or African American	4	1%
	Asian	4	1%
	Native Hawaiian or other Pacific Islander	0	0%
	American Indian or Alaska Native	26	6%
	Unspecified	5	1%
	Total	439	*
	1000	.55	
40	What is your child's age now?		
	Up to 2 years old	76	18%
	3 to 6 years old	97	23%
	7 to 11 years old	108	25%
	12 to 18 years old	145	34%
	Missing	6	1%
	Total	432	*
41	Is your child male or female?		
	Male	233	55%
	Female	193	45%
	Missing	6	1%
	Total	432	*
42	Are you male or female?		
	Male	38	9%
	Female	394	91%
	Missing	0	0%
	Total	432	*
43	What is your age now?		
	Under 18 years old	2	<1%
	18 to 24	20	5%
	25-34	140	33%
	35-44	194	45%
	45-54	63	15%
	55-64	7	2%
	65-74	3	1%
	75 or older	1	<1%
	Missing	2	<1%
	Total	432	*
44	What is the highest grade or level of school that you have completed?		
	8 th grade or less	8	2%
	Some high school but did not graduate	72	17%
	High school graduate or GED	137	32%
	Some college or 2-year degree	141	33%
	4-year college graduate	48	11%
	More than 4-year college degree	18	4%
	Missing	8	2%
	Total	432	*

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45	How are you related to the child?		
	Mother or father	429	99%
	Grandparent	1	<1%
	Aunt or uncle	0	0%
	Older brother or sister	0	0%
	Other relative	1	<1%
	Missing	1	<1%
	Total	432	*